

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 251

1. PLACE OF DEATH:

County Queen Anne'sCity or town Rural Church Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Rural Church Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ida O. Davis

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

2 Mrs. Davis

8. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Dec. 13 - 1874

8. AGE:

Years

Months

Days

It less than one day

7830

hrs.

min.

9. Birthplace

Queen Anne Co. Ind.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Jacob Lewis

13. Birthplace

Ind.

14. Maiden name

Lewis

15. Birthplace

Ind.

16. Informant

Mrs. Jennie Davis
Centerville Ind.

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof Mar. 16 - 1948
(month) (day) (year)

Cemetery or crematory

Centerville
Centerville Ind.

Location

Edgar R. Kane
Church Hill Ind.

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

48Edgar R. Kane
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar 13 1948 at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947 to Mar 13 1948

and that I last saw him alive on

Mar 11 1948

Immediate cause of death

Pneumonia secondary to stroke

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

3/15/48

RECEIVED

APR 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
birth date shown on:

FILM No. G 114 APR 5 1948 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

836

03081

Reg. Dist. No.

243

1. PLACE OF DEATH:

County... Queen Anne
City or town... Rural Stevensville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 57 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Queen Anne
City or town... Rural Stevensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

John Wesley Dixon

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M C Divorced

6. (b) Name of husband or wife Mildred Dill

7. Birth date of deceased (mo., day, yr.) August 10, 1870 6. (c) If alive, give age 42 years

8. AGE: Years 77 Months Days If less than one day hrs. min.

9. Birthplace Cambridge, Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

12. Name
13. Birthplace

14. Maiden name
15. Birthplace

16. Informant Viola Tolson

Address Stevensville, Md.

17. Burial Date thereof March 18, 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bucktown
Location Lewis H. Rayner

18. Funeral director Lewis H. Rayner
Address Cambridge

19. Mar. 13, 48 Elizabeth Koster
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1948 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1946 to March 9, 1948
and that I last saw him alive on March 9, 1948

Immediate cause of death Arteriosclerosis, cerebral with thrombosis DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

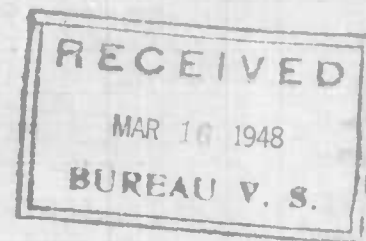
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Home, M.D.
M. D. or other

Address Queenstown, Md. Date signed 3-13-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

03082

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

County St. Mary's
City or town St. Mary's
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5-900
Hospital, institution, or street address where death occurred: NoneHow long in hospital or institution? None

3. (a) FULL NAME

Charles Edward Gibbs

3. (b) Social Security Number

4. Sex Male 5. Color or race Caucasian 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Mary Gibbs7. Birth date of deceased (mo., day, yr.) Dec 15, 1878 8. (c) If alive, give age Dead years8. AGE: Years 70 Months 0 Days 0 If less than one day hrs. min.9. Birthplace St. Mary's, Md. (Town, county, and state)10. Usual occupation None11. Industry or business None12. Name Charles Edward Gibbs13. Birth date Dec 15, 187814. Maiden name Mary Gibbs15. Birthplace St. Mary's, Md.16. Informant Charles E. GibbsAddress Church Hill, Md.17. Burial Date thereof March 12, 48
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Resville Cem.Location Resville Ind.18. Funeral director Edgar R. LaneAddress Church Hill Ind.19. Mar. 9, 48 Edgar R. Lane
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State St. Mary's County St. Mary'sCity or town St. Mary's
(If outside city or town limits, write RURAL and give nearest town)Street No. None
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 194821. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8, 1948 to March 8, 1948and that I last saw him alive on March 8, 1948Immediate cause of death Heart failureDue to Heart failureDue to Heart failureOther conditions None

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of NoneWhere did injury occur? None (City or town) (County) (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury None Injured at work? None23. SIGNATURE Edgar R. LaneAddress Church Hill Ind. Date signed March 8, 48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 13 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: *Jessie Anne*
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *30 yrs*
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....*MD.* County.....*Jessie Anne*
City or town.....*Centerville*
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME *Laura Virginia Gibbs*

3.(b) Social Security Number *✓*

4. Sex *Female* 5. Color or race *col* 6.(a) Single, married, widowed, or divorced *Married*

6.(b) Name of husband or wife *Flex Gibbs*

7. Birth date of deceased (mo., day, yr.) *Don't know. 1887*

8. AGE: Years *66* Months Days If less than one day
..... hrs. min.

9. Birthplace *MD.*
(Town, county, and state)

10. Usual occupation *Cook.*

11. Industry or business

12. Name *Nathan Shaver*

13. Birthplace *MD.*

14. Maiden name *Don't know*

15. Birthplace *MD.*

16. Informant *Flex Gibbs (Husband)*

Address *Centerville MD*

17. *Burial* Date thereof *3/15/48*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Centerville, Md.*

Location *Centerville Md.*

18. Funeral director *Leon H. Henry*

Address *310 South St. Easton Md*

19. *Mar. 17- 48* *Elie Armetes*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *March 14- 1948* at *8 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... 19....., to..... 19.....
and that I last saw h..... alive on..... 19.....

Immediate cause of death *She was dead when I saw her - from heart history* DURATION
it evidently was a heart attack

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *W. Henry Fisher*
Address *Centerville Md* Date signed *3/15/48*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne'sCity or town Queen Anne
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Queen Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Henry Goodhand

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Edith Beldie Goodhand

7. Birth date of deceased (mo., day, yr.)

September 22 - 1870

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

77526

_____ hrs.

_____ min.

9. Birthplace

Greenwich 20th Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

William Henry Goodhand

13. Birthplace

Queen Anne's Co Md

14. Maiden name

Martha Evans

15. Birthplace

Queen Anne's Co Md

16. Informant

James D Goodhand

Address

Centerville Maryland

17.

(Burial, cremation, or removal, Which?)

Date thereof

Mar 22 - 48
(month) (day) (year)

Cemetery or crematory

Greenwood

Location

Hickory Caroline Co Md

18. Funeral director

Barton Bros

Address

Centerville Maryland

19.

(Date rec'd by registrar)

3-20-48Elie Armstrong
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1948 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 4 1948 to March 19 1948and that I last saw him alive on March 19 1948

Immediate cause of death

Pneumonia et al

DURATION

Chronic

Due to

Due to

Other condition

Chronic pulmonary
dyspnea, Chron. arthritis
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Kurt Loderer M.D.
Address Queen Anne's Md Date signed 3/20

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MAR 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03085

Reg. Dist. No. 352

1. PLACE OF DEATH:

County Queen Anne'sCity or town Bushy
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? about 7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Broomsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Edward Hess

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 13 - 1883

6. (c) If alive, give age _____ years

8. AGE:

64 Years6 Months22 Days

If less than one day

hrs.

min.

9. Birthplace Quantico 24 Co. Maryland
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

12. Name James B. Hess Sr13. Birthplace Harford Co. Maryland14. Maiden name Ann Marie Friel15. Birthplace Philadelphia Pa16. Informant James B. HessAddress Broomsville Maryland17. Burial Date thereof Mar 8. 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Peter'sLocation Quantico Maryland18. Funeral director Barth BrosAddress Centerville Maryland19. March 6 - 19 48 Elin Armstrong
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 5 19 48 at 7 9 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 3 19 48 to Mar. 5 19 48and that I last saw him alive on Mar. 4 19 48

Immediate cause of death _____

DURATION

Proseguing pneumonia 2 days

Due to _____

Due to Epilepsy

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work?

23. SIGNATURE H. J. W. H. H. H.

M. D. or other

Address Centerville MdDate signed 3/6/48

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County... Queen Anne
 City or town... Queenstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 53 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Queen Anne
 City or town... Queenstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George Elmo Lane

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mary M. Lane
 7. Birth date of deceased (mo., day, yr.) March 12, 1865
 8. AGE: Years 83 Months 0 Days 6 If less than one day 12 hrs. _____ min. _____
 6. (c) If alive, give age 76 years

9. Birthplace... Felton, Del.
 (Town, county, and state)

10. Usual occupation... Carpenter

11. Industry or business

FATHER 12. Name... John W. Lane
 13. Birthplace... Vernon, Del.
 MOTHER 14. Maiden name... Elizabeth Wheeler
 15. Birthplace... Vernon, Del.

16. Informant... Mary M. Lane
 Address... Queenstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof... March 20-1948
 (month) (day) (year)
 Cemetery or place of burial... Chesterfield Cemetery
 Location... Centreville, Md.

18. Funeral director... Barton Bros.
 Address... Centreville, Md.

19. Mar 21 48 Alm M. Aldridge
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 18 1948 at 12 N

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1946, to March 1948
 and that I last saw him alive on March 10 1948

Immediate cause of death... Arteriosclerotic Cardiovascular Disease
 DURATION 2 yrs.

22. Other conditions... Auricular Fibrillation
 DURATION 2 yrs.

Other conditions... Auricular Fibrillation
 (Include pregnancy within 3 months of death)

Major findings of operations...
 Date of op. _____

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... William C. Lane, MD
 M. D. or other
 Address... Queenstown, Md Date signed... 3-18-48

RECEIVED
MAR 26 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County... Queen Anne
 City or town... Groesbeville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Queen Anne
 City or town... Groesbeville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Daisy Matilda Miller

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Benjamin Franklin Miller
 7. Birth date of deceased (mo., day, yr.) February 7, 1899 6.(c) If alive, give age 59 years
 8. AGE: Years 69 Months 1 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace... Easton, Md.
(Town, county, and state)10. Usual occupation... Housewife

11. Industry or business

12. Name... James Frampton

13. Birthplace _____

14. Maiden name... Sara Bartlett

15. Birthplace _____

16. Informant... Benjamin Franklin Miller
Address Groesbeville, Md.17. Burial Date thereof Mar 29-48
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton Maryland18. Funeral director Barton BrosAddress Centerville Maryland19. Mar. 28 48 Helen M. Aldridge
(Date rec'd by registrar) 19 _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 26 19 48 at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19 47, to March 6 19 48and that I last saw him alive on March 23 19 48

Immediate cause of death

Coronary Thrombosis DURATION 2 hrsDue to Arteriosclerotic CardiovascularDisease 2 yrs.

Due to _____

Other conditions Diabetes Mellitus 7 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE... William O. Love, MDAddress Queen Anne, Md M. D. or other _____Date signed 3-26-48

RECEIVED

MAR 30 1948

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age shown on: **MARYLAND STATE DEPARTMENT OF HEALTH**
2411 N. Charles St., Baltimore

FILM No. G 115 APR 14 1948 **CERTIFICATE OF DEATH** 47d

03088

Reg. Dist. No. 253

1. PLACE OF DEATH: County <u>Queen Annes</u> City or town <u>Stevensville</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>entire life</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Md</u> County <u>Queen Annes</u> City or town <u>Stevensville</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2(a) If veterao, name war			
3. (a) FULL NAME <u>John Mattee Norman</u>						3. (b) Social Security Number	
4. Sex <u>male</u>		5. Color or race <u>white</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>		MEDICAL CERTIFICATION 7.45 P M	
6. (b) Name of husband or wife <u>Katherine E. Norman</u> 6. (c) If alive, give age <u>72</u> years						20. DATE OF DEATH <u>Mch 23 1948</u> 19 at <u>45</u> M	
7. Birth date of deceased (mo., day, yr.) <u>Nov 25 1874</u>						21. I CERTIFY that death occurred on the date above stated: that I attended deceased from <u>April 1947</u> 19 to <u>Mch 23 1948</u> 19 and that I last saw h. <u>im</u> alive on <u>Mch 23 1948</u> 19	
8. AGE: Years <u>73</u> <u>118</u>		Months <u>3</u>		Days <u>28</u>		If less than one day hrs. min.	
9. Birthplace <u>Stevensville Q.A. Md</u> (Town, county, and state)							
10. Usual occupation <u>retired farmer.</u>							
11. Industry or business							
FATHER		12. Name <u>Jno. T. Norman</u>					
MOTHER		13. Birthplace <u>Q.A. Co Md</u>					
14. Maiden name <u>Martha Bryan</u>		15. Birthplace <u>Q.A. Co. Md</u>					
16. Informant <u>Katherine E. Norman</u> Address <u>Stevensville Md</u>							
17. Burial <u>Stevensville Md</u> Date thereof <u>Mar 25-48</u> (Burial, cremation, or removal) (month) (day) (year) Cemetery or crematory Location <u>Stevensville Md</u> 18. Funeral director <u>Edgar L. Lane</u> Address <u>Church Hill Md</u> 19. March 27 1948 <u>Elizabeth Foster</u> (Date rec'd by registrar) Registrar 							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (Country) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE <u>D. Cho E. Foster</u> Address <u>Stevensville</u> M. D. or other Date signed <u>3/24/48</u>							

RECEIVED

APR 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1312

03089

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Annes
 City or town Rural Millington
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Year 2 Months
 Hospital, institution, or street address where death occurred:
Palmatory Nursing Home
 How long in hospital or institution? 1 Year 2 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MD. County Cecil
 City or town Rural Earleville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

John Morgan Rowan

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1866 6. (c) If alive, give age _____ years

8. AGE: Years 82 Months 1 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Cecil Maryland
 (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Rowan13. Birthplace MD.14. Maiden name Heneretta Morgan15. Birthplace MD.16. Informant Mr. Morgan RowanAddress Rural Golts MD.

17. Burial Date thereof March 21 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory GalenaLocation Galena MD.18. Funeral director Edward FellowsAddress Millington MD.

19. 3-20 48 Edgar L. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1948 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1948 to March 18 1948
 and that I last saw him alive on March 17 1948

Immediate cause of death Myocardial Infarction DURATION 4 days

Due to Chn. Intermittent myeloma 10 years

Due to Arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

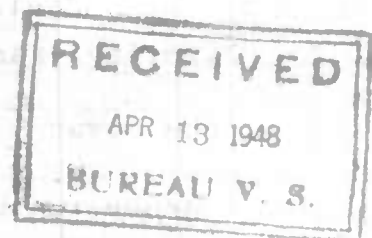
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Minist Price M. D. or other

Address Millington MD. Date signed 3/20/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

County Queen AnneCity or town Rural Centerville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Queen AnneCity or town Rural Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Charles Benjamin Stansbury

3.(b) Social Security Number

4. Sex

Male

5. Color or race

Col.

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 14-1887
8.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

65

hrs.

min.

9. Birthplace

G. A. Co. Ind.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Alfred Stansbury
Ind.

13. Birthplace

14. Maiden name

Sally Kane

15. Birthplace

Ind.

16. Informant

Warren Saunders

Address

Centerville Ind. R.F.D.

17.

Burial
(Burial, cremation, or removal, which?)

Date thereof

Nov. 17-48
(month) (day) (year)

Cemetery or crematorium

Rossville Cem.

Location

Rossville Ind.

18. Funeral director

Edgar L. Lane

Address

Church Hill Ind.

19.

Nov. 15 1948
(Date rec'd by registrar)Edgar L. Lane
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1948 at 4 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov. 12 1948 to Nov. 12 1948and that I last saw him alive on Nov. 12 1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Centerville Ind. Date signed 31/11/48

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APR 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03091

Reg. Dist. No. 251

I. PLACE OF DEATH:

County GA
 City or town Baileys
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Oct 1948
 Hospital, institution, or street address where death occurred —
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Ind. County GA.
 City or town Baileys
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Dubois Starkey
 4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced Divorced

3. (b) Social Security Number

6. (b) Name of husband or wife —
 8. (c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) — 1584

8. AGE: Year 63 Month — Day — If less than one day — hrs. — min.

9. Birthplace Baileys
 (Town, county, and state)

10. Usual occupation Latex hand

11. Industry or business —

12. Name Amey E. Starkey

13. Birthplace GA

14. Maiden name Josephine Starkey

15. Birthplace Ind.

16. Informant Effie Raymond

Address 1620 W 9th St. Baileys Ga

17. Burial Date thereof 8-21-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baileys

Location Baileys & Ind.

18. Funeral director Edgar L. Lane

Address Church Hill Ind.

19. 3-20 19 48 Edgar L. Lane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 19 48, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 19 48, to July 15 19 48, and that I last saw him alive on July 15 19 48

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Arteriosclerosis

Due to Brain Hypertension

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE C. J. Starkey M. D. or other —

Address Baileys Ind. Date signed 3/20/48

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APR 13 1948

BUREAU V. S.

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APR 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne'sCity or town Chesler
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Queen Anne'sCity or town Chesler
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Milford David Stevens

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

7. Birth date of _____ 6. (c) If alive, give age _____ years

deceased (mo., day, yr.) October 16 - 1928

8. AGE: Years Months Days If less than one day

19 5 2 hrs. min.9. Birthplace Chesler 24 C. Md.

(Town, county, and state)

10. Usual occupation systeman

11. Industry or business _____

12. Name Milford R. Stevens13. Birthplace Chesler 24 C. Md.14. Maiden name Egna Etta Zell15. Birthplace Chesler 24 C. Md.16. Informant Milford R. StevensAddress Chesler Maryland17. Burial Date thereof Mar. 21, 48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory StevensvilleLocation Stevensville Md.18. Funeral director Barton BrosAddress Centerville Maryland19. Mar 30 19 48 Elizabeth Korte

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18th 19 48 at 2:45 P-M21. I CERTIFY that death occurred on the date above stated; I attended deceased from Dec. 10th 19 48 March 18th 19 48and that I last saw him alive on March 17th 19 48

Immediate cause of death

Lymphogranuloma
(Hodgkin's disease)

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Prospecy of cervical gland1943 University Hosp Baltimore

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Shenbor Sattelmair (4.1)Address Stevensville M. D. or other _____Date signed 3/19/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03093

93d

253

1. PLACE OF DEATH:

County... Queen Anne
 City or town... Rural Stevensville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 10 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Queen Anne
 City or town... Rural Stevensville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Salome Smith Willis

3. (b) Social Security Number

4. Sex... F 5. Color or race... W 6. (a) Single, married, widowed, or divorced... Widowed
 6. (b) Name of husband or wife... William Martin Willis
 7. Birth date of deceased (mo., day, yr.)... January 16, 1878 6. (c) If alive, give age... years
 8. AGE: Years... 70 Months... Days... If less than one day... hrs. ... min.

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 13 19... 48 at... 10:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19... 42 to... March 19... 48
 and that I last saw him alive on... March 13 19... 48

Immediate cause of death... Arteriosclerotic Cardiovascular Disease DURATION... 2 yrs
 Due to...
 Due to...
 Other conditions...
 (Include pregnancy within 3 months of death)

Major findings of operations...
 Date of op.

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... William C. Lane, MD. M. D. or other
 Address... Queen Anne, Md. Date signed... 3-13-48

9. Birthplace... Albany County, NY. (Town, county, and state)
 10. Usual occupation... Housewife
 11. Industry or business...
 FATHER 12. Name... Albert N. Smith
 13. Birthplace... Coxsackie, NY.
 MOTHER 14. Maiden name... Marilla Baker
 15. Birthplace... Coxsackie, NY
 16. Informant... William A. Willis
 Address... Stevensville, Md.
 17. Burial... Burial Date thereof... Mar. 17-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Hollywood Cem.
 Location... Harlington Del.
 18. Funeral director... Edgar L. Lane
 Address... Church Hill Ind.
 19. Mar. 14 19... 48 Elizabeth Koster
 (Date rec'd by registrar) Registrar

RECEIVED

MAR 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03094

Reg. Dist. No. 253

1. PLACE OF DEATH: Queen Anne
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME Calvin Clark Willaughby 3.(b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mrs. Mildred Willaughby
 6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) July 2 - 1883
 8. AGE: Years 65 Months 1 Days 70 If less than one day..... hrs. min.

9. Birthplace.....
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial Date thereof.....
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. Mar. 24 1948 Elizabeth Hooper
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1948 at 2 05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 1948 to March 22 1948 and that I last saw him alive on March 22 1948.

Immediate cause of death.....
Cerebral Thrombosis

Due to.....
Arteriosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

Address..... Date signed.....

RECEIVED

MAR 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Queen Anne's
 City or town Stevensville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Queen Anne's
 City or town Stevensville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Wright
 4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed

3. (b) Social Security Number

6.(b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) 1860
 8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hrs. _____ min. _____
 9. Birthplace Stevensville, Md
 (Town, county, and state)

10. Usual occupation Retired Laborer
 11. Industry or business Farm work

12. Name Isaac Wright
 13. Birthplace Stevensville Md
 14. Maiden name unknown
 15. Birthplace _____

16. Informant Anna Hooper
 Address Stevensville Md

17. Burial Date thereof Mar 30 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Methodist Church Cemetery

Location Stevensville Md

18. Funeral director John D. Williams
 Address Edison, Md

19. Mar. 30 1948
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27-48 19____ at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death He was found dead in his house - he had Epilepsy attacks and asphyxiated in bed DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. S. Stearns Fraser
Depty med. examr
 Address Centerville Md Date signed 3/27/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 3 1948

BUREAU V. S.